



Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals and critical access hospitals stay up-to-date on various issues. Please share with your staff.

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Prevention of Backflow of Contaminated Water Into the Potable Water System

The survey process includes general observations of the facility. The general objective of this task is to observe physical features in the facility's environment that affect the patients' quality of care, health and safety. For critical access hospitals (CAH), the requirement at C222 requires the CAH to ensure all equipment is maintained in safe operating condition. For general acute hospitals, the requirement at A318 requires the environment to be developed and maintained in such a manner that the safety and well-being of patients are assured.

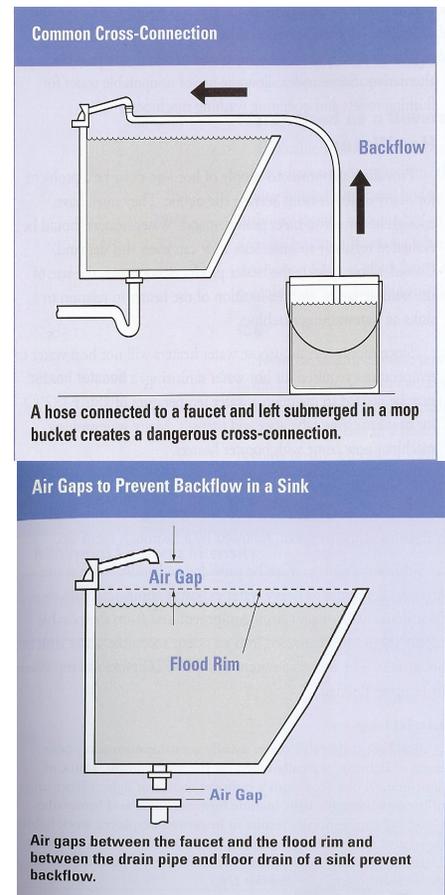
Recently, several CAHs have been cited for failure to prevent backflow of contaminated water into the potable water system.

Water that is aesthetically acceptable, free from apparent turbidity, color, odor, objectionable taste, and disease-causing organisms is termed **potable**, meaning that it may be consumed in any desired amount without concern for adverse effects on health.¹

The backflow of polluted or contaminated water or other fluid or substance into a water-distribution piping system through backpressure or backsiphonage is a very real possibility. The best way to eliminate the danger is to prohibit any connections between the water system and any other system, fixture, vat or tank containing polluted or questionable water. This can be accomplished by terminating the water supply inlet or faucet a safe distance above the flood-level rim of the fixture. This distance is referred to as the air gap. Sometimes it is not possible or practical to provide an air gap.² A backflow prevention device is used to avoid potential backflow of contaminated water into the potable water system when the air gap is not practical. The device provides a break to the atmosphere in the event of a negative pressure within the system.³

Common areas where problems may be identified include:

- Hoses attached to faucets in shower and bathing areas utilized by patients.



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NEW SURVEY AND CERTIFICATION LETTERS

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters since March 2008 affecting hospitals.

The S&C letters are available at www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

- S&C 08-13 Initial Surveys of Rural Health Clinics (RHCs) and Skilled Nursing Facilities (SNFs)— Raised to Tier 3 Priority—And Continued Encouragement for Dialysis Facility Priority Within Tier 3.
Initial surveys of RHCs and SNFs have been raised to Tier 3 priority from Tier 4. In addition, states are encouraged to offer a high Tier 3 status for initial surveys of dialysis facilities given the unique reliance on Medicare on the part of end stage renal disease patients.
- S&C 08-15 Revised State Operations Manual Appendix V - EMTALA.
The advance copy of the Emergency Medical Treatment and Labor Act (EMTALA) Appendix V to Publication 100-07, the State Operations Manual (SOM) incorporates guidance provided in survey and certification memoranda issued since the last SOM update. The revised Appendix V also contains some technical corrections. The tag numbers contained in the Appendix also have been revised to correspond to the tag numbers reflected in the Dec. 2007 ASPEN release.
- S&C 08-16 Provision of Observation Services in Critical Access Hospital (CAHs).
A CAH may maintain beds used solely for outpatient observation services without counting these beds toward the statutory CAH maximum of 25 inpatient beds. However, state survey agencies must examine CAH provision of outpatient observation services carefully to ensure they are consistent with the statutory limit of 25 inpatient beds that have an annual average length of stay that does not exceed 96 hours per patient.
- S&C 08-17 Transplant Surveys: Guidance for Citing Condition and Standard-Level Deficiencies.
This memorandum provides guidelines for determining the level of non-compliance when deficiencies are cited under the clinical experience (volume) requirements or the survival outcome requirements in organ transplant programs. Organ transplant programs that are surveyed for the first time under the new transplant regulations and received condition-level deficiencies in the areas of clinical experience (volume) or outcomes will be given a specific timeframe to come into compliance with the condition before Medicare approval is terminated.
- S&C 08-18 Restraint/Seclusion Interpretive Guidelines & Updated SOM Appendix A.
The on-line SOM Hospital Appendix A requires revision to reflect changes in regulatory text adopted through rulemaking by CMS, established interpretive guidance issued via previous survey and certification memoranda, new interpretive guidance for the patients' rights rule at 42 CFR 482.13(e), (f) and (g), governing hospital use of restraint and seclusion, some minor technical corrections, and revision of the tag numbers to correspond to tag numbers currently found in ASPEN and also to make further refinements that will be captured in the next ASPEN release.
- S&C 08-19 Alert: Food and Drug Administration (FDA) Heparin Recall for All Provider Types.
The FDA has issued recalls for medications that have the potential for serious adverse reactions in patients/residents. It is important that all health-care providers are aware of this information regarding recalled products.
- S&C 08-23 SOM Chapter 5/Release of Person-Identifiable Data Related to Restraint/Seclusion Deaths to Protection & Advocacy Organizations.
Section 5140 of Publication 100-07, the SOM, concerning deaths in hospitals associated with the use of restraint or seclusion, has been revised to correspond to the regulatory requirements at 42

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(Continued from page 2) New Survey and Certification Letters

CFR 482.13(g) and to reflect operational procedures implemented since the revised regulation took effect in Jan. 2007.

- S&C 08-25 Advance Copy—Organ Transplant Program Interpretive Guidelines.
An advance copy of the Organ Transplant Interpretive Guidelines was released. These Interpretive Guidelines will be published in a new Appendix X of the State Operations Manual.
- S&C 08-26 Moratorium on Classification of Long-Term Care Hospitals.
The Medicare, Medicaid, and SCHIP Extension Act (MMSEA) (Pub. L. 110-173), enacted Dec. 29, 2007, establishes a three-year moratorium on the designation of new long-term care hospitals (LTCH) or satellites, and on an increase of beds in an LTCH. The statute creates certain limited exceptions to the moratorium. The Centers for Medicare and Medicaid Services adopted an Interim Final Rule with Comments on May 22, 2008 (73 FR 29699) to implement the LTCH moratorium provisions of the MMSEA. CMS regional offices will determine whether a facility qualifies for an exception to the moratorium.



"Nothing is more memorable than a smell. One scent can be unexpected, momentary and fleeting, yet conjure up a childhood summer beside a lake in the mountains..."

~ Diane Ackerman ~

(Continued from page 1) Prevention of Backflow

The hoses often reach below the rim of the tubs and/or showers. The potential for backflow of contaminated water exists if the drain of the tubs and/or showers plug and the water level reaches the end of the shower/tub hoses.

- Janitor closets in which hoses are attached to faucets directly above mop sinks with floor drains. The hoses often reach below the rim of the mop sink or are long enough to rest on the floor of the mop sink near the floor drain.
- Ice machines when plumbed directly to a water line.
- Coffee urns when a water line is attached.
- Dishwashing machines.
- Hoses connected to exterior faucets.

References:

- State Operations Manual
- Critical Access Hospital and General Acute Regulations
- 1-Environmental Health Specialist 1995 by the National Environment Health Association
- 2-Environmental Engineering and Sanitation 4th Edition Joseph Salvato Copyright 1992
- 3-Food Code 2005 US Department of Health and Human Services.

PERSONNEL LICENSURE



All North Dakota certified and licensed hospitals must ensure that all personnel for whom licensure or certification is required possess a valid and current license or certificate. The hospital must ensure these personnel are in compliance with the State's licensure laws.



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